

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5		2					55						
6		2					56						
7		1					57						
8		1					58						
9		2					59						
10							60						
11							61						
12							62						
13		2					63						
14							64						
15							65						
16							66						
17							67						
18							68						
19		4					69						
20							70						
21							71						
22	1						72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	37						TOTAL CLAIMS						